

**APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: Dec 2008

NAME: GORD BONTJE

ADDRESS: _____

TOWN: _____ s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: _____

Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Dec 9/08		DRIVE TO EDMONTON FOR BOARD MEETING	332	/			—	310.13	\$10.00	
										Non-Responsive
FINAL TOTALS								310.13	10.00	/

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	332 ✓ ^A	167.66 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	487.79 ✓
			OTHER (F)		

Claim Code /
Claim Code /
TOTAL AMOUNT 51901.9141000000

CLAIMANT SIGNATURE: [Signature]
DATE SUBMITTED: Dec 14 / 08

APPROVAL SIGNATURE: [Signature]
DATE APPROVED: Jan 8 / 08

meals		Non-Responsive
breakfast	\$9.20	
lunch	\$11.60	
dinner	\$20.75	
Lodging per night	\$20.15	
Per diem 24-hour	\$7.35	

For payment please submit to the AHSB Office: 4040 Southport Road SW,
Calgary, AB. T2W 3N2, Attention: Patti Grier



UNIVERSITY OF
ALBERTA
PARKING SERVICES

DAILY PARKING PERMIT

**PLACE ON DASH
THIS SIDE UP**

Valid only in and on: **217783**

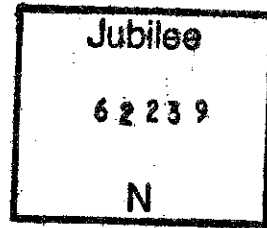
U OF A
PARKING SERVICES
GST# R108102831

12-10-2003 WED 04

DP-06 10.00 5
GST 0.48
CASH 10.48

ITEM 1
ICL 6669 13:09TN

Best Copy Possible



Help prevent crime. Remove all valuables. Lock your car.

*** See reverse for Limitation of Liability ***



UNIVERSITY OF
ALBERTA
PARKING SERVICES

217783

GST # R108102831

DAILY PARKING PERMIT - RECEIPT

CUSTOMER RECEIPT: \$ _____



10065 - 100 STREET
 EDMONTON, AB, CANADA T5J 0N6
 T (780) 424-5181 F (780) 429-6481
 G.S.T. Registration # 846543619

APPLICANT COPY

Room : 0340
 Folio # : 126620
 Cashier # : 264
 Page # : 1 of 1

Group Name : Calgary Health Region

Calgary Health Region
 Gord Bontje

Arrival : 12-09-08
 Departure : 12-10-08

CA

Date	Description	Additional Information	Charges	Credits
12-09-08	Room Charge		255.00	
12-09-08	Room - DMF		2.55	
12-09-08	Room - AB Tourism Levy		10.30	
12-09-08	Room - GST		12.88	
12-09-08	Parking - Overnight		28.00	
12-09-08	Parking - GST	s.17(1), 17(4)(e.1)	1.40	
12-10-08	Visa			310.13
Total			310.13	310.13
Balance Due			0.00	

GST Summary

Room	12.88
F&B	0.00
Other	1.40
Total	14.28

Guest signature
 Signature du client X _____
 For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
 United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
 États-Unis ou Canada 1-800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné ou refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du Journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
 Merci d'avoir choisi les Hôtels Fairmont

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: JAN 2009

NAME: GORD BENTZ

ADDRESS: _____

TOWN: s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
<u>Jan 13</u>		<u>Board Meeting</u>	<u>244</u>					<u>460.16</u>		
FINAL TOTALS								<u>460.16</u>		

Non-Responsive

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<u>50.5¢</u>	<u>244</u>	<u>123.22</u> ^A	<u>BOARD TRAVEL</u> <small>(A+ B+ C+ D)</small>	<u>49011.711103010.6220000</u> ^U	<u>460.16</u> + <u>583.38</u>
			<u>OTHER (F)</u>		
TOTAL AMOUNT					<u>51901.414100000</u>

CLAIMANT SIGNATURE: _____
 DATE SUBMITTED: Jan 19 2009

APPROVAL SIGNATURE: _____
 DATE APPROVED: Feb 8/09

Non-Responsive		
breakfast	\$9.20	
meals	lunch	\$11.60
	dinner	\$20.75
Lodging per night	\$20.15	
Per diem 24-hour	\$7.35	

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, alberta T2P 2S6 canada
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

guest		924	travel agent/charge to
Gord Bontje	room	209.00	
	rate	1	
	no. pers.	407275	EX-A
	folio	1	
	page	12-JAN-09	16:20
	arrive	14-JAN-09	
	depart	VI	
AHA12M	payment		

date	folio no.	description	charge/cr.
12-JAN-09	RT924	Room Charge	209.00
12-JAN-09	RT924	Good And Services Tax	10.55
12-JAN-09	RT924	Destination Marketing Fee	2.09
12-JAN-09	RT924	Tourism Levy	8.44
13-JAN-09	RT924	Room Charge	209.00
13-JAN-09	RT924	Good And Services Tax	10.55
13-JAN-09	RT924	Destination Marketing Fee	2.09
13-JAN-09	RT924	Tourism Levy	8.44
14-JAN-09	VI	Visa	460.16-
Balance Due			0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
12-JAN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
13-JAN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
Total	460.16	0.00	0.00	0.00	0.00	460.16	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

Gord Bontje
 FOLIO 407275 12-JAN-09

APPLICANT COPY

the westin calgary
320 4th avenue s.w. calgary, alberta T2P 2S6 canada
phone 403.266.1611 fax 403.233.7471
www.westin.com/calgary

guest		924	travel agent/charge to
Gord Bontje	room	209.00	
	rate	1	
	no. pers.	407275	EX-A
	folio	2	
	page	12-JAN-09	16:20
	arrive	14-JAN-09	
AHA12M	depart	VI	
	payment		

GST Summary

Room	21.10
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	21.10

Vendor Number 861336493RT0004

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

As a Starwood Preferred Guest, you could have earned 0 Starpoints for this visit. Please provide your member number or enroll today.

Gord Bontje
FOLIO 407275 12-JAN-09

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

192962

Name: <u>Cond Bonte</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)	Travel Period Month: <u>JAN & FEB 2010</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
						23.00		342	
	Non-Responsive								
						-		-	
17/02/10	COMMITTEE OF WORK				150.00	204.44		167	
								167	
TOTAL KMS								676	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E		341.38	
		-	204.44	23.00	-				

RECEIVED
 MAR 11 2010
FINANCE

ENTERED MAR 12 2010

Non-Responsive

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	-
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	568.82
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		568.82

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE
Feb 20 2010 DATE SUBMITTED	March 5/10 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:2
04/02/10 07:52
04/02/10 14:28 - 06:36
36520362 / #110601
RATE-1 : \$ 23.00
TOTAL : \$ 23.00
CRED CRD : \$ 23.00
***** Swiped
VISA
Purchase 10/02/04 14:28:07
Seq# 000032 002
Auth# 042326

s.17(1), 17(4)(e.1)

INCLUDED
GST # R119580595
HAVE A NICE DAY

APPLICANT COPY

the westin edmonton
 10135 100th street edmonton, alberta T5J 0N7 canada
 phone 780.426.3636 fax 780.428.1454
 westin.com/edmonton

guest _____ travel agent/charge to _____

Gord Bontje
 Alberta Health Services

room 415
 rate 159.00
 no. pers. 1
 folio 433804 EX-A
 page 1
 arrive 17-FEB-10 18:23
 depart 18-FEB-10
 payment VI

AHB16B s.17(1), 17(4)(g)(i)

DATE	DESCRIPTION	AMOUNT	CREDIT
17-FEB-10	RT415 Room Charge	159.00	
17-FEB-10	RT415 GST	8.03	
17-FEB-10	RT415 DMF	1.59	
17-FEB-10	RT415 Tourism Levy	6.42	
17-FEB-10	RT415 Parking Valet	28.00	
17-FEB-10	RT415 Tax GST	1.40	
18-FEB-10	VI Visa	204.44-	
	Balance Due	0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
17-FEB-10	159.00	8.03	6.42	0.00	0.00	30.99	204.44
Total	159.00	8.03	6.42	0.00	0.00	30.99	204.44

Date	Payment
17-FEB-10	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!
 ** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

Gord Bontje
 FOLIO 433804 17-FEB-10



**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

1951191

Name: <u>GORD BOWTSE</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <u>MARCH</u> ²⁰¹⁰ Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
11/03/10	RED DEER → EDMONTON AUDIT & FINANCE						PARKING R 23.00 ✓		342
24/03/10	RED DEER → LEANINGE COMMITTEE OF WHOLE				2	115.44 ✓			344
25/03/10	LESTER BRIDGE → RED DEER BOARD MEETING								344
Non-Responsive									
ENTERED APR 16 2010								TOTAL KMS	1630
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
			115.44	23.00	R			\$20.15	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	-
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	658.59
OTHER (D)	01.71110300002.41090000	-
GRAND TOTAL		658.59

 CLAIMANT SIGNATURE DATE SUBMITTED <u>April 5/2010</u>	 APPROVAL SIGNATURE DATE APPROVED <u>April 13/10</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table> <p style="margin-top: 10px;">543.15 115.44</p>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford															

APPLICANT COPY

Date 03/25/10
 Time 12:09
 Page 1

LETHBRIDGE LODGE HOTEL
 320 SCENIC DRIVE
 LETHBRIDGE, ALBERTA T1J 4B4
 PHONE: 403-328-1123
 1-800-661-1232

Acct# P36226-04
 Room# 137
 Rate Code
 Group ABHS
 Room Type DNQQ
 Room Rate .00

Arrive MAR 24 10 17:42
 Depart MAR 25 10 07:15 JY

BONTJE GORD

ALBERTA HEALTH SERVICES
 RR 4 SITE 14 BOX 7
 RED DEER AB

ALBERTA HEALTH SERVICES
 10101 SOUTHPORT ROAD SW
 CALGARY AB T2W 3N9

s.17(1), 17(4)(e.1)
 Payment VI XXXXXXXXXXXX Exp: s.17(1), 17(4)(e.1)

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE			.00	
MAR 25	TRANSFER DEBIT AMT	TRANSFER		115.44	
	Transfer From Acct	P36226-32, Item 7			
MAR 25	VISA	PAID			115.44
=====G.S.T.=subtotal:		.00			
ROOM T subtotal:		.00	Balance Due:	.00	

I agree that my liability for this bill is not waived.

G.S.T. #878714963

Authorized Signature : _____

MANULIFEPLACE PARKADE
 OPERATED BY:
 STANDARD PARKING

Terminal#:1 Cashier#:2
 11/03/10 08:40
 11/03/10 14:43 - 06:04
 39547284 / #122062
 RATE-1 : \$ 23.00
 TOTAL : \$ 23.00
 CRD con . \$ 23.00

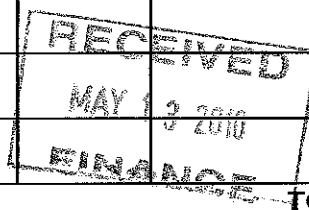
***** Swiped s.17(1), 17(4)(e.1)
 VISA
 Purchase 10/03/11 14:43:54
 Seq# 000030 002
 Auth# 006586

 GST INCLUDED
 GST # R119580595
 HAVE A NICE DAY

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

1967730

Name: <u>GORD BOWSE</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <u>APRIL 2010</u> Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
					Non-Responsive				
APR 15	AUDIT & FINANCE COS.					R 22.75 ✓			300
APR 28	Committee of whole								140
APR 29	Board Mtg					104.99 108.99 ✓	R 22.00 ✓		140
									
TOTAL KMS									580
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)				A	B	C	D	E	
					108.99	44.75		R 292.90	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	-
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	442.64 4.00 446.64
OTHER (D)	01.71110300002.41090000	-
GRAND TOTAL		

<u>[Signature]</u> CLAIMANT SIGNATURE <u>APR 30 2010</u> DATE SUBMITTED	<u>[Signature]</u> APPROVAL SIGNATURE <u>MAY 7 2010</u> DATE APPROVED	<table border="1"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY



HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE
9805 - 100th Street
Grande Prairie, AB T8V 6X3
Tel: 780.513.5555
Fax: 780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626
Website: www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 302201 Description: standard folio

Page: 1

Always the Smart Choice

Mail To: Gord Bontje

Res. #: 262718
Arrive: 28/04/2010 07:38pm
Depart: 29/04/2010 12:29am
Room: JCSN 401

s.17(1), 17(4)(g)(i)

Group: Alberta Health Services

Guest: Gord Bontje Bill To: Bontje

Date	Description	Voucher	Amount
28/04/2010	Room Revenue	GP -401	99.00
28/04/2010	Destination Marketing Fee	GP -401	.99
28/04/2010	GST	GP -401	5.00
28/04/2010	Provincial Tourism Levy	GP -401	4.00
29/04/2010	Visa	THANK YOU	-108.99
Balance:			.00

Bill To: Bontje

Total GST 5.00
GST Registration # R-121767065

Entered/Arrivee:
28/04/15 08:45

Ticket/Billet#: 0042574549
Dur/Duree: 255:04
Paid On/Page 1e:
28/04/15 13:00

Paid/Paye: \$ 22.75
Original Fee: \$ 22.75
GST: \$ 0.00
PST: \$ 0.00
Change: \$ 0.00
VISA
SC: \$ 0.00

Merchant ID:
***** Swiped
VISA
Purchase 16/04/15 13:00:37
Seq# 000003 001
Auth# 011973

s.17(1), 17(4)(e.1)

SANDMAN HOTELS 11-42
9805-100 ST
GRAND PRAIRIE AB
s.17(1), 17(4)(e.1)

NO TYPE VISA
DATE 2010/04/29
TIME 6344 07:34:13
RECEIPT NUMBER
S 01720506-001-637-016-0

PRE-AUTH COMPLETION
TOTAL-CAD
\$108.99

GST# R128599776
Edmonton Airports
Can- Edmonton
Tax Code CA5%
POF 1st Fl 29/04/10 16:30
Receipt 027503

Short-term parking tkt
VP - No. 042883
28/04/10 07:13 -
29/04/10 16:30 -
Period 1d9h18'
(Tax)

Total \$22.00
Payment Received \$22.00
Cash \$20.95
Sub Total 5% 1.05
Tax \$40.00
Amount Paid \$18.00
Change

APPROVED

AUTH# 025520 01-027
THANK YOU

Sandman Hotels, Inns & Suites, Limited | A Northland Company

755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

13
INVOICES ARE DUE AND PAYABLE WHEN PRESENTED

www.sandmanhotels.com

CARDHOLDER COPY



**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

2011383



Name: <u>GORD BOWTIE</u>	<u>JUL 26 2010</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	<u>FINANCE</u>	Travel Period Month: <u>JUNE 2010</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive				-	-	-	-
10/06/10	ADVIS + FINANCE COMMITTEE				-	R 23.- ✓	R	330	
23/06/10	ADVIS + FINANCE COMMITTEE				-	R 23.- ✓		330	
28/06/10	COMMITTEE OF WORK							145	
29/06/10	BOARD MEETING				243.60 251.43 ✓			145	
TOTAL KMS								970	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)					A	B	C	D	E
					251.43	46.00	R	477.75	

ENTERED JUL 27 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	-
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	777.18
OTHER (D)	01.71110300002.41090000	-
GRAND TOTAL		769.35 777.18

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast			\$9.20											
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
June 20 2010 DATE SUBMITTED	July 21 2010 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:2
23/06/10 07:13
23/06/10 13:36 - 06:24
48527661 / #009875
RATE-1 : \$ 23.00
TOTAL : \$ 23.00
CRED. CRD : \$ 23.00
***** Swiped

VISA
Purchase 10/06/23 13:36:30
Seq# 000026 002
Auth# 090745 s.17(1), 17(4)(e.1)

GST INCLUDED
GST # R119580595
HAVE A NICE DAY

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:2
10/06/10 08:47
10/06/10 13:59 - 05:13
47410053 / #006703
RATE-1 : \$ 23.00
TOTAL : \$ 23.00
CRED. CRD : \$ 23.00
***** Swiped

VISA
Purchase 10/06/10 13:59:33
Seq# 000026 002
Auth# 080264 s.17(1), 17(4)(e.1)

GST INCLUDED
GST # R119580595
HAVE A NICE DAY

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, ab T2P2S6
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

guest			travel agent/charge to
Mr. Gord Bontje	room 529		
	rate 195.00		
	no. pers. 1		
	folio 555728	EX-A	
	page 1		
	arrive 28-JUN-10	18:52	
	depart 29-JUN-10		
AHF28M	payment VI		

date	folio no.	description	charges/credits
28-JUN-10	RT529	Room Charge	195.00
28-JUN-10	RT529	Good And Services Tax	9.85
28-JUN-10	RT529	Destination Marketing Fee	1.95
28-JUN-10	RT529	Tourism Levy	7.88
28-JUN-10	RT529	Parking Valet	35.00
28-JUN-10	RT529	TAX - GST OTHER	1.75
29-JUN-10	VI	Visa	251.43-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
28-JUN-10	214.68	0.00	36.75	0.00	0.00	251.43	0.00
Total	214.68	0.00	36.75	0.00	0.00	251.43	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

Mr. Gord Bontje
 FOLIO 555728 28-JUN-10

APPLICANT COPY

the westin calgary
320 4th avenue s.w. calgary, ab T2P2S6
phone 403.266.1611 fax 403.233.7471
www.westin.com/calgary

guest

travel agent/charge to

Mr. Gord Bontje

room 529
rate 195.00
no. pers. 1
folio 555728 EX-A
page 2
arrive 28-JUN-10 18:52
depart 29-JUN-10
payment VI

AHF28M

GST Summary

Room	9.85
Food & Beverage	0.00
Telephone	0.00
Other Revenue	1.75
Total	11.60

Vendor Number 861336493RT0004

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

As a Starwood Preferred Guest, you could have earned 460 Starpoints for this visit. Please provide your member number or enroll today.

Mr. Gord Bontje

FOLIO 555728 28-JUN-10

2039927

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM


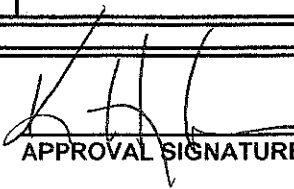
APPLICANT COPY

Name: <u>GORD BONTJE</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <u>AUGUST 2010</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
5/8/10	AUDIT & FINANCE					-			292
						-			Non-Responsive
25/08/10	COMMITTEE OF WHOLE					109.59 ✓			422
26/08/10	BOARD MEETING					103.75			422
TOTAL KMS									1136
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)						A 109.59 ✓	B -	C -	D 573.68

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	-
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	677.63 5,646.83.27 ✓
OTHER (D)	01.71110300002.41090000	-
GRAND TOTAL		

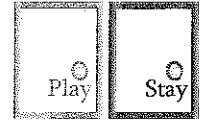
 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="padding: 2px;">meals</td> <td style="padding: 2px;">breakfast</td> <td align="right" style="padding: 2px;">\$9.20</td> </tr> <tr> <td style="padding: 2px;">lunch</td> <td align="right" style="padding: 2px;">\$11.60</td> </tr> <tr> <td style="padding: 2px;">dinner</td> <td align="right" style="padding: 2px;">\$20.75</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Lodging per night</td> <td align="right" style="padding: 2px;">\$20.15</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Per diem 24-hour</td> <td align="right" style="padding: 2px;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>Aug 30 2010</u> DATE SUBMITTED	<u>Sept 7/10 M</u> DATE APPROVED	<div style="text-align: right; font-size: 1.5em; font-weight: bold;">RB</div>													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK



Gord Bontje
10101 South Port Road SW
Calgary, AB
AB Health Services
T2W 3N2

Page # 1
Res. # 432997
Checked in Wed Aug 25/10 - 6:15 pm
Checked out Thu Aug 26/10 - 7:36 am
Nights 1
Room Rate 99.00
Room 139

Group: AB Health Services

Date	Description	Reference	Charges	Credits
Aug25	GOVERNMENT RATE		99.00	
Aug25	GST		4.95	
Aug25	Room Tax		3.76	
Aug25	Destination Marketing Fee		1.88	
Aug26	PAID BY VISA - Thank you			109.59
			0.00	109.59
				109.59

*Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.*

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 4.95
Room Tax 3.76

MEDICINE HAT LODGE
1051, ROSS GLEN DR T1B3T8
MEDICINE HAT AB
22464024

|||| PRE AUTH COMPLETION ||||
08-26-2010 07:32:11
Acct # ***** M
Exp Date Card Type VI
Name: s.17(1), 17(4)(e.1)
Trace # 020016
FS2246402403
Inv. # 47489
Auth # 008446 RRN 001291999
Pre-Auth Amount \$109.59
Total \$109.59

Customer copy



**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

2081129


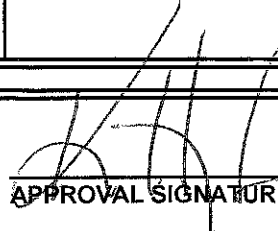
Name: <u>GORD BOWIE</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <u>OCT 2010</u> Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
						<i>Board Members Oct 2010</i>			
								Non-Responsive	
<u>13/10/10</u>	<u>BOARD RETREAT</u>							<u>342</u>	
								Non-Responsive	
<u>15/10/10</u>	<u>BOARD MEETING</u>					<u>211.48</u>		<u>342</u>	
<u>28/10/10</u>	<u>AUDIT + FINANCE COMMITTEE</u>							<u>292</u>	
<u>25/10/10</u>	<u>Accreditation mtg</u>							<u>At. Mtg</u>	
TOTAL KMS								<u>976</u>	
APPLICABLE MILEAGE RATE @								<u>50.5¢</u>	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E		<u>492.88</u>	

RECEIVED
NOV 16 2010 3
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	-
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	<u>717.36</u> ✓
OTHER (D)	01.71110300002.41090000	-
GRAND TOTAL		<u>717.36</u> ✓

ENTERED NOV 17 2010

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td style="text-align: center;">breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td style="text-align: center;">lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td style="text-align: center;">dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align: center;">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>Nov 9 2010</u> DATE SUBMITTED	<u>Nov 10/10</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford



**The Coast Lethbridge
Hotel & Conference Centre**

real people.

APPLICANT COPY

Invoice

526 Mayor Magrath Drive South
Lethbridge, AB T1J 3M2
Tel: (403) 327-5701 Fax: (403) 327-5075

Bontje, Gord

Receipt

Invoice date 10/15/2010
Our reference CLH-FC11647 /A
GST Number GST # 848475554RP0001

Guest **Bontje, Gord** Arrival **10/13/2010** Departure **10/15/2011** Room **107**

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
10/13/2010	Room Charge		1	95.00	95.00
10/13/2010	GST Taxes		1	5.04	5.04
10/13/2010	Levy Taxes		1	3.80	3.80
10/13/2010	Marketing Fee		1	1.90	1.90
10/14/2010	Room Charge		1	95.00	95.00
10/14/2010	GST Taxes		1	5.04	5.04
10/14/2010	Levy Taxes		1	3.80	3.80
10/14/2010	Marketing Fee		1	1.90	1.90

Total invoice 211.48

10/15/2010 VS Auth: 084530
s.17(1), 17(4)(e.1)

Total Paid -211.48

Total Due 0.00

Total GST 10.08

PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLAC

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513

EXPIRES

28 OCT 10

EXPIRES

28 OCT 10
11:59 PM

11:59 PM PAID \$ 13.00C

PAID
\$ 13.00C

ENTRY TIME 28 OCT 10 07:42 AM
D8902 SPACE 18

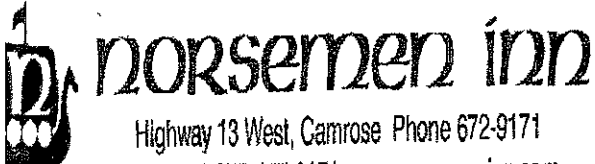
RECEIPT
SPACE 18

E TABLEAU DE BORD PLACER SUR LE TABLEAU DE BORD PLACER SUR LE TABLEAU DE BORD PLACER:
ITE VISIBLE CE CÔTÉ VISIBLE CE CÔTÉ VISIBLE

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

For reservations: www.coasthotels.com or 1-800-663-1144



Highway 13 West, Camrose Phone 672-9171
 Toll Free 1-877-477-9171 www.norsemeninn.com

Jord Bontje
 ou Vecoste 403-943-1122

Alberta Health Services

Invoice #: 194563
 Room #: 417
 Arrival Date: 02/24/2009
 Departure Date: 02/25/2009
 GST Number: R121513840

DATE	DESCRIPTION	REFERENCE	CHARGE	CREDIT	TOTAL
			99.00		99.00 ¹²³
2/24/2009	Room Charge				
2/25/2009	Visa			-108.90	-9.90
				Room Tax	3.96
				GST	4.95
				Tourism Levy	0.99
				Total	0.00

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

SIGNATURE: X _____

Taxes Legend: 1 Room Tax, 2 GST, 3 Tourism Levy

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: MARCH 2009

NAME: GORD BOUTJE

ADDRESS: _____

TOWN: _____ s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
MAR 4	AUDIT & FINANCE CONFERENCE	340							
FINAL TOTALS					B	C	D	F	

Non-Responsive

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	340	^A 171.70 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	171.70 ✓
			OTHER (F)		Non-Responsive

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE _____
 DATE SUBMITTED MAY 6 / 2009

APPROVAL SIGNATURE _____
 DATE APPROVED MAY 21 / 09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: April 2009

NAME: GORD BONTJE

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
APR 8		AHS FINANCE con MANULIFE	342 708					-	-	
										Non-Responsive
APR 29		BOARD MTG LETT BALOGG	708					98.95	-	
										Non-Responsive
										Non-Responsive
FINAL TOTALS			1050					98.95		

KILOMETRES CLAIM			Description	Codina	Amount
RATE	KM	AMOUNT			
50.5¢	1050	A 530.25	BOARD TRAVEL (A + B + C + D)	49011.711103010.6220000	629.20
			OTHER (F)		Non-Responsive

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE: [Signature]
 DATE SUBMITTED: April 30 2009

APPROVAL SIGNATURE: [Signature]
 DATE APPROVED: May 7/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

APPLICANT COPY

SANDMAN HOTELS #1-36
421 MAYOR MAGRATH DR
LETHBRIDGE s.17(1), 17(4)(e.1)

CARD ***** UISA
CARD TYPE
DATE 2009-04-29
TIME 10:40 07:23:08
RECEIPT NUMBER
S30704130-001-358-007-0
PRE-AUTH COMPLETION
TOTAL-CAD

\$98.95

APPROVED

AUTH# 080713 01-027
THANK YOU

CARDHOLDER COPY

APPLICANT COPY



Sandman

HOTELS | INNS | SUITES

Sandman Hotel Lethbridge
 421 Mayor Magrath Drive S.
 Lethbridge Alberta T1J 3L8
 Tel:403.328.1111
 www.sandmanhotels.com

Accommodating good sense.

PROPERTY: 01-036 Invoice #: 160760 Description: guest folio

Page: 1

Mail To: Bontje

s.17(1), 17(4)(g)(i)

Res. No. : 134542
 Arrive: 28/04/2009 05:14pm
 Depart: 29/04/2009 11:00am
 Room: jcsn 307
 Rate: 89.00

Group: Alberta Health Services
 Guest: William Bontje
 Bill To: Bontje

Date	Description	Voucher	Amount
28/04/2009	Room Revenue	lth-307	89.00
28/04/2009	Goods & Services Tax	lth-307	4.54
28/04/2009	Provincial Tourism Levy	lth-307	3.63
28/04/2009	Destination Marketing Fee	lth-307	1.78
29/04/2009	Visa	thank you	-98.95
Balance:			.00

Bill To: Bontje

Total Goods & Services Tax 4.54
 GST Registration # R-121767065

SIGNATURE

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: MAY 2009

NAME: GORD BOUTE

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____ PHONE #: _____

Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
MAY 24	REG DEEN - EDM - REG DEEN								
	FINANCE COMMITTEE	342					22.75 ✓		
MAY 25 / 28	REG DEEN - EDM INCL - REG DEEN								
	BURRO MEETING	290				186.01	22.00 ✓		
		Non-Responsive							
		Non-Responsive							
FINAL TOTALS		632 ✓			B	C 186.01 ✓	D 44.75	F	

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	632	^A 319.16 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	549.92 ✓
			OTHER (F)		Non-Responsive
TOTAL AMOUNT 51901.414100000					

CLAIMANT SIGNATURE: [Signature]
 DATE SUBMITTED: JUNE 2 / 09

APPROVAL SIGNATURE: [Signature]
 DATE APPROVED: JUNE 9 / 09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10401 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Patti Grier

Honoraria over...

APPLICANT COPY

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:1

14/05/09 08:53

14/05/09 13:11 - 04:19

45077651 / #030067

RATE-1 : \$ 22.75

TOTAL : \$ 22.75

CRFD.CRD : \$ 22.75

Swiped

VISA s.17(1), 17(4)(e.1)

Purchase 09/05/14 13:11:41

Seq# 000021 002

Auth# 041333

GST INCLUDED

GST # R119580595

HAVE A NICE DAY

GST# R128599776

Edmonton Airports

Can- Edmonton
Tax CodeCA5%

Exit Lane 28/05/09 16:34

Receipt 003795

Short-term parking tkt

VP - No. 081559

27/05/09 06:12 -

28/05/09 16:34 -

Period Id10h23'

(Tax) \$22.00

Total \$22.00

Payment Received

VISA \$22.00

Merch:98983380015

Auth:075269

Type: Keyed

s.17(1), 17(4)(e.1)

Sub Total \$20.95

Tax 5% 1.05

Deliv. Date=Receipt Date

APPLICANT COPY
Pomeroy Inn & Suites Grande Prairie

May 28, 2009
7:35 am

www.pomeroygrandeprairie.com
 11710-102 St
 Grande Prairie, AB T8V7S7
 Telephone: (780)831-2999 Fax: (780)513-1146

GORD BONTJIE
 10101 SOUTHPORT ROAD SW
 Calgary, AB T2W 3N2

Account #: 79871
 Room Number: 227
 Rate: \$170.65
 Pay Method: VI

Arrival Date: Wednesday, May 27, 2009
 Departure Date: Thursday, May 28, 2009

s.17(1), 17(4)(e.1)

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
5/27/2009	ROOM CHARGE	Auto Posted		227	\$170.65	
5/27/2009	HOTEL TAX	Auto Posted		227	\$6.83	
5/27/2009	GST TAX	Auto Posted		227	\$8.53	
5/28/2009	VISA	CHECKED-OUTVI4016		227		\$186.01

G.S.T. REGISTRATION #: 858317167RT0020
 HOLLOWAY LODGING L.P.
 DBA GRANDE PRAIRIE
 POMEROY INN & SUITES

Tax Summary	
HOTEL TAX	\$6.83
GST TAX	\$8.53

Balance: \$0.00

Please refer to the Pomeroy Inn & Suites Privacy Policy for a complete statement of our
 is with respect to the handling of your personal information. You can
 e Pomeroy Inn & Suites Privacy Policy at the hotel front desk.

or any damages that have occurred in my room.

GRANDE PRAIRIE POMEROY
 INN & S
 11710-102 STREET
 GRANDE PRAIRIE AB

CARD
 CARD TYPE VISA
 DATE 2009/05/28
 TIME 3972 07:40:39
 RECEIPT NUMBER
 M30708595-001-715-022-0

s.17(1), 17(4)(e.1)

PRE-AUTH COMPLETION
 TOTAL-CAD

\$186.01

APPROVED

AUTH# 041098 01-027
 THANK YOU

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: JUNE 2009

NAME: GORD BOWSE

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____ PHONE #: _____

Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
JUNE 11	AUDIT + FINANCE COMMITTEE	342				-	23.00		
JUNE 29	COMMITTEE OF WORK	133				266.83			
JUNE 30	BOARD MEETING	133							
FINAL TOTALS		608 ✓			B	C 266.83 ✓	D 23. ✓		

Non-Responsive

Non-Responsive

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	608	A 307.04 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	596.87 2096.83 ✓
			OTHER (F)		Non-Responsive

TOTAL AMOUNT 5192.414100000

CLAIMANT SIGNATURE: _____
 DATE SUBMITTED: July 3 2009

APPROVAL SIGNATURE: _____
 DATE APPROVED: August 5/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Patti Grier

APPLICANT COPY

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:2
11/06/09 08:41
11/06/09 15:19 - 06:38
47496133 / #038839
RATE-1 \$ 23.00
TOTAL \$ 23.00
CRED.CRF: \$ 23.00
Via: Swiped
P: 11 15:19:21
Seq# 2
Auth#

s.17(1), 17(4)(e.1)

GST INCLUDED
GST # R119580595
HAVE A NICE DAY

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, alberta T2P 2S6 canada
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary



guest travel agent/charge to

Gord Bontje room 928

rate 209.00

no. pers. 1

folio 447970 A

page 1

arrive 29-JUN-09 17:23

depart 30-JUN-09 12:24

payment VI

AHJ29M s.17(1), 17(4)(g)(i)

date	reference	description	charges/amount
29-JUN-09	RT928	Room Charge	209.00
29-JUN-09	RT928	Good And Services Tax	10.55
29-JUN-09	RT928	Destination Marketing Fee	2.09
29-JUN-09	RT928	Tourism Levy	8.44
29-JUN-09	RT928	Oversize Valet Parking	35.00
29-JUN-09	RT928	TAX - GST OTHER	1.75
30-JUN-09	VI	Visa	266.83-
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
29-JUN-09	230.08	0.00	1.75	0.00	35.00	266.83	0.00
30-JUN-09	0.00	0.00	0.00	0.00	0.00	0.00	266.83-
Total	230.08	0.00	1.75	0.00	35.00	266.83	266.83-

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

Gord Bontje
 FOLIO 447970 29-JUN-09

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

FOR MONTH OF: Sept 2009

NAME: GORD BENJIE

ADDRESS: _____

TOWN: _____ s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
Sept 10	Audit Finance Committee	352					23		
		Non-Responsive					-		
Sept 22	Committee of Works Drive to Airport	140				184.21	-		
Sept 24	Board Mtg Drive Home from Airport	140					22.-		
		Non-Responsive							
FINAL TOTALS		612 ✓			B	C 184.21 ✓	D 45 ✓	F	

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	612	A 309.06 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	538.27 ✓
			OTHER (F)	Non-Responsive Monthly	

TOTAL AMOUNT 51901.4141000006

CLAIMANT SIGNATURE: [Signature]
 DATE SUBMITTED: Sept 30/09

APPROVAL SIGNATURE: [Signature]
 DATE APPROVED: Oct 16/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

APPLICANT COPY

GST# R128599776

Edmonton Airports

Can- Edmonton
Tax CodeCA5%

Exit Lane 24/09/09 17:59
Receipt 081886

Short-term parking tkt
VP - No. 013455
23/09/09 06:12 -
24/09/09 17:59 -
Period 1d11h48'
(Tax) \$22.00

Total \$22.00

Payment Received
VISA \$22.00

merch:98983380015 s.17(1), 17(4)(e.1)
Auth:077356
Type: Keyed

Sub Total \$20.95
Tax 5% 1.05

0497ACF3 - 1/1

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:2
10/09/09 08:50
10/09/09 14:24 - 05:34
55359037 / #062237
RATE-1 : \$ 23.00
TOTAL : \$ 23.00
CRFN CRN : \$ 23.00

VISA Swiped
s.17(1), 17(4)(e.1)
Purchase 09/09/10 14:24:11
Seq# 000025 002
Auth# 023763

GST INCLUDED
GST # R119580595
HAVE A NICE DAY

APPLICANT COPY



SAWRIDGE INN
AND CONFERENCE CENTRE

Sawridge Inn and Conference Centre
530 MacKenzie Boulevard
Fort McMurray, Alberta T9H 4C8
Tel: 780-791-7900 Fax: 780-743-4654

Gord Bontje	Page Number : 1	Invoice Nbr: 132280
Alberta Health Services	Guest Number: 125144	23-SEP-09
	Folio ID : EX-A	24-SEP-09
	1	
AHI22A - Alberta Health Servic	240	

Information Invoice

Tax ID: 10473 3720 RT0004
Sawridge Ft McMurray 24-SEP-09 01:48 BOBFRA

Date	Reference	Description	Charges	Credits
23-SEP-09	RT240	Corp. Group	169.00	
23-SEP-09	RT240	Room Gst	8.45	
23-SEP-09	RT240	Tourism Levy	6.76	
24-SEP-09	VI	Visa	-184.21	
		** Total	184.21	-184.21
		*** Balance	0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

GST Summary	Amount CAD
GST Room Revenue	8.45
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	8.45

Continued on the next page

Please visit our other locations:

Sawridge Inn and Conference Centre
32 Connaught Drive, Box 2080
Jasper, Alberta T0E 1E0
Tel: 780-852-5111 Fax: 780-852-5942

Sawridge Inn and Conference Centre
1200 Main Street South, Box 879
Slave Lake, Alberta T0G 2A0
Tel: 780-849-4101 Fax: 780-849-3426

Sawridge Inn and Conference Centre
9510 - 100 Street
Peace River, Alberta T8S 1S9
Tel: 780-624-3521 Fax: 780-624-4855

Sawridge Inn
4235 Gateway Blvd.
Edmonton, Alberta T6J 5H2
Tel: 780-438-1222 Fax: 780-438-0906

www.sawridge.com

APPLICANT COPY



SAWRIDGE INN
AND CONFERENCE CENTRE

Sawridge Inn and Conference Centre
530 MacKenzie Boulevard
Fort McMurray, Alberta T9H 4C8
Tel: 780-791-7900 Fax: 780-743-4654

Gord Bontje	Page Number : 2	Invoice Nbr: 132280
Alberta Health Services	Guest Number: 125144	23-SEP-09
	Folio ID : EX-A	24-SEP-09
	1	
AHI22A - Alberta Health Servic	240	

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
23-SEP-09	8.45	175.76	184.21	0.00
<hr style="border-top: 1px dashed black;"/>				
Total	8.45	175.76	184.21	0.00

Please visit our other locations:

Sawridge Inn and Conference Centre
32 Connaught Drive, Box 2080
Asper, Alberta T0E 1E0
Tel: 780-852-5111 Fax: 780-852-5942

Sawridge Inn and Conference Centre
1200 Main Street South, Box 879
Slave Lake, Alberta T0G 2A0
Tel: 780-849-4101 Fax: 780-849-3426

Sawridge Inn and Conference Centre
9510 - 100 Street
Peace River, Alberta T8S 1S9
Tel: 780-624-3521 Fax: 780-624-4855

Sawridge Inn
4235 Gateway Blvd.
Edmonton, Alberta T6J 5H2
Tel: 780-438-1222 Fax: 780-438-0906

www.sawridge.com

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: Oct 2009

NAME: GORD BONTJE

ADDRESS: _____

TOWN: _____ s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: _____

-Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
Oct 15 OCT 15	AUDIT & FINANCE COMMITTEE	342				-		23-	
									Non-Responsive
									Non-Responsive
									Non-Responsive
									Non-Responsive
FINAL TOTALS		342						23 ⁰⁰	

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢	342	A 172.71 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	195.71 ✓
			OTHER (F)		Non-Responsive

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE: _____
 DATE SUBMITTED: OCT 31/09

APPROVAL SIGNATURE: _____
 DATE APPROVED: Nov. 6/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Patti Grier

APPLICANT COPY

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:2

15/10/09 08:50

15/10/09 14:27 - 05:37

58383055 / #072494

RATE-1 : \$ 23.00

TOTAL : \$ 23.00

CRED.CRD : \$ 23.00

s.17(1), 17(4)(e.1)

VISA Swiped

Purchase 09/10/15 14:27:07

Seq# 000018 002

Auth# 012115

GST INCLUDED
GST # R119580595
HAVE A NICE DAY

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

FOR MONTH OF: DEC ~~2008~~ 2009

NAME: GORD BOWSE

ADDRESS: _____

TOWN: _____ s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
Dec 2	COMMITTEE OF WHOLE	169					175.04	29.40	
Dec 3	BOARD MEETING	169					-	-	
		Non-Responsive							
FINAL TOTALS							175 ⁰⁴ ✓	29 ⁴⁰ ✓	

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	338 338	A 170.69 170.69 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	375.14 ³
			OTHER (F)		Non-Responsive

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE: [Signature]
 DATE SUBMITTED: Dec 31 2009

APPROVAL SIGNATURE: [Signature]
 DATE APPROVED: Dec 11/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

APPLICANT COPY

the westin edmonton
 10135 100th street edmonton, alberta T5J 0N7 canada
 phone 780.426.3636 fax 780.428.1454
 westin.com/edmonton

guest _____ travel agent/charge to _____

Gord Bontje
 Alberta Health Services

room 703
 rate 159.00
 no. pers. 1
 folio 417319 EX-A
 page 1
 arrive 02-DEC-09 17:43
 depart 03-DEC-09
 payment VI

AHL01B

date	reference	Description	amounts/credits
02-DEC-09	RT703	Room Charge	159.00
02-DEC-09	RT703	GST	8.03
02-DEC-09	RT703	DMF	1.59
02-DEC-09	RT703	Tourism Levy	6.42
02-DEC-09	RT703	Parking Valet	28.00
02-DEC-09	RT703	Tax GST	27.15 → 29.4
02-DEC-09	2596	Pradera Lounge	27.15
03-DEC-09	VI	Visa	231.59-
Balance Due			0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

Gord Bontje
 FOLIO 417319 02-DEC-09

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: Nov 2009

NAME: Gord Banno

ADDRESS: _____

TOWN: s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
Nov 19	Audit & Finance + Governance	342 100					23 ✓		
Non-Responsive									
FINAL TOTALS									

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	342	^A 172.71 ✓	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103000.6220000	195.71
			OTHER (F)		Non-Responsive

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE: [Signature]
 DATE SUBMITTED: Dec 4 / 09

APPROVAL SIGNATURE: [Signature]
 DATE APPROVED: Dec 11 / 09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Patti Grier

APPLICANT COPY

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Terminal#:1 Cashier#:2
19/11/09 07:54
19/11/09 15:20 - 07:27
61403676 / #083775
RATE-1 : \$ 23.00
TOTAL : \$ 23.00
CRDN CRD : \$ 23.00 Swiped

s.17(1), 17(4)(e.1)

VISA
Purchase 09/11/19 15:20:31
Seq# 000040 002
Auth# 009892

GST INCLUDED
GST # R119580595
HAVE A NICE DAY